

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	INO.	DEF.	INO.	DEF.	INO.	DEF.		INO.	DEF.	INO.	DEF.	INO.	DEF.
1							61						
2							62						
3							63						
4							64						
6							65						
6							66						
7							67						
8							68						
9							69						
10							60						
11							61						
12							62						
13							63						
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40							89						
41							90						
42							91						
43							92						
44							93						
46							94						
46							95						
47							96						
48							97						
49							98						
60							99						
TOTAL INO.							100						
TOTAL DEF.							TOTAL INO.						
TOTAL							TOTAL DEF.						
							TOTAL						